



CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

5,*2003* Date of signature and deposit -

PTO/SB/81 (02/01) Approved for use through 10/31/2002 OMB 0651-0035 Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

	Application Number		09/976,827	
	Filing Date	.	October 12, 2001	
POWER OF ATTORNEY OR	First Named Inventor	r	L. Dodd	
AUTHORIZATION OF AGENT	Group Art Unit		3611	
	Examiner Name		P. Royal	
•	Attorney Docket Nur	nber	16474	
I hereby appoint:			•	
☑ Practitioners at Customer Number	04859	→ *0	4859*	
			04859	
OR		PATENT TRA	DEMARK OFFICE	
□ Practitioner(s) named below:				
Name		Reg. No.	1	
				1
			DEC.	ロハ
As my/our attorney(s) or agent(s) to prosecur business in the United States Patent and Tra	te the application identified	above and to	transact al HEU	
business in the United States Patent and Tra	ademark Office connected	therewith		12
ease change the correspondence address for the a	above identified application	i to:	3014	T N
The above-mentioned Customer Null				
	mber		ODO.	
OR			GRO	
OR :		(Place Custon	GRO	
OR □ Practitioner(s) at Customer Number		(Place Custon	·	
OR Practitioner(s) at Customer Number Firm or Individual Name		(Place Custon	·	
OR Practitioner(s) at Customer Number Firm or Individual Name ddress		(Place Custon	·	
OR Practitioner(s) at Customer Number Firm or Individual Name ddress ddress		(Place Custon	·	
OR Practitioner(s) at Customer Number Firm or Individual Name ddress ddress ity		(Place Custon	ner Number Here)	
OR Practitioner(s) at Customer Number Firm or Individual Name ddress ddress dtress ity ountry		(Place Custon	ner Number Here)	
OR Practitioner(s) at Customer Number I Firm or Individual Name ddress ddress ty cuntry elephone am the:	State	(Place Custon	ner Number Here)	
OR Practitioner(s) at Customer Number Firm or Individual Name address address address adtress active country elephone	State		Zip	UP
OR Practitioner(s) at Customer Number Firm or Individual Name Address Address City Country Telephone Tele	State		Zip	UP
OR Practitioner(s) at Customer Number Firm or Individual Name ddress ddress ddress ity country elephone am the: Applicant/Inventor Assignee of record of the entire inter	State Fax Fax Fax	RE	Zip	UP
OR Practitioner(s) at Customer Number Firm or Individual Name ddress ddress ity ountry elephone am the: Applicant/Inventor Assignee of record of the entire inter Statement under 37 CFR 3.73(b) is of	State Fax Fa	96) RF	ner Number Here)	UP
OR Practitioner(s) at Customer Number Firm or Individual Name ddress ddress ity ountry elephone am the: Applicant/Inventor Assignee of record of the entire inter Statement under 37 CFR 3.73(b) is o	State Fax Fax Fax	96) RF	Zip	UP
OR Practitioner(s) at Customer Number Firm or Individual Name Address Country Felephone am the: Applicant/Inventor Assignee of record of the entire inter Statement under 37 CFR 3.73(b) is a SIGNATURE of A Name Leonard Allan Dodd	State Fax Fa	96) RF	Zip	UP
OR Practitioner(s) at Customer Number Firm or Individual Name Individual	State Fax Fa	96) RF	Zip	UP
OR Practitioner(s) at Customer Number Firm or Individual Name ddress ddresdresdresdresdresdresdresdresdresdre	State Fax Fa	96) RF	Zip	UP
OR Practitioner(s) at Customer Number Firm or Individual Name Address Address City Country Felephone am the: Applicant/Inventor Assignee of record of the entire inter Statement under 37 CFR 3.73(b) is or SIGNATURE of A	State Fax Fa	96) Record	Zip CEIVED	UP 0

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. c:\forms\pto.sb81



CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313/1450 on the date set forth below.

Date of signature and deposit - 5, 2003

PTO/SB/82 (10/00)
Approved for use through 10/31/2002 OMB 0651-0035
Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/976,827		
Filing Date	October 12, 2001		
First Named Inventor	L. Dodd		
Group Art Unit	3611		
Examiner Name	P. Royal		
Attorney Docket Number	16474		

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:								
I fileleby levoke all previous powers of automey of authorizations of agent given in the above-identified application.								
×	A Power of Attorney or Authorization of Agent is submitted herewith.							
OR								
O.C.								
	Please chang	ge the correspon	dence address for	r the at	ove-ide	entified application to:		
	□ Custo	omer Number _	04859		→	*04859* 04859		
	OR				U. S.	Patent and Trademark Office		
☐ Firm or			 			RECEIVED		
	ual Name					NECEIVED		
Address						JUN 1 2 2003		
Address		-		r -				
City				State				
Country				- 1	Fax	<u> </u>		
Telephone I am the:					гах			
ram me.								
X	Applicant/Inv	entor				RECEIVED		
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SR/96)							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
GROUP 3600								
SIGNATURE of Applicant or Assignee of Record								
Name	Leonard A	Illan Dodd						
Signature	Lea	and A	Orld					
Date	6/2	2/03						
NOTE: Signatures of all of the inventors or assigne s of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
★ *Total o	f One (1)	forms are subm	nitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.